SUMMER INTERNSHIP PROGRAM

at

Artemis Hospitals, Gurugram

From: 1st May 2025 to 15th July

A REPORT BY

Soni Manav Anujkumar

Master of Business Administration

In Hospital and Health Management

2024-26

under the Mentorship of

Dr. S.P. Chattopadhyay

Dated: 15th July, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Soni Manav** has successfully completed his internship in the Department of Operations, Gurugram from **12th May 2025 till 15th July, 2025.**

During this internship, he was found to be sincere and hardworking.

We wish him all the best for future.

For Artemis Medicare Services Ltd,

Flt. Lt. Saras Malik

(Chief People Officer)

Dr. Saurabh Choplal Patle

(General Manager - Facilities and Patient Experience)

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Soni Manav Anuj Kumar** of academic year 2024-26 of **Institute of Health Management Research** has prepared a poster with respect to his summer internship held

during May-July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 29/07/2025

Mr. S.P. Chattopadhyay
Assistant Professor

SIP ORGANISATION : Artemis Hospital, Gurugram.
ORG. MENTOR : DR SAURABH PATLE
UNIV. MENTOR : DR S.P. Chattopadhyay

SUMMER INTERNSHIP PROGRAM
IIHMR UNIVERSITY, JAIPUR

"PATIENT DISCHARGE TURN AROUND TIME ANALYSIS ARTEMIS HOSPITALS, GURUGRAM"

PROFILE OF ORGANISATION

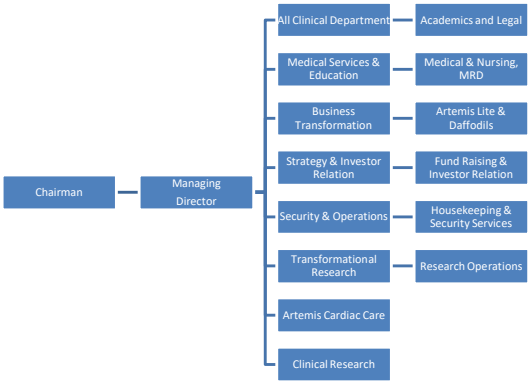
1. BRIEF HISTORY

Established in 2007, Artemis is a 550+ bed, super-specialty hospital in Gurugram. First hospital in Gurgaon to receive JCI (2013) and NABH (2010) accreditation. Recognized by Government of India's QCI with the Kayakalp Award for hygiene & infection control in 2019 .Noteworthy programs include Project Little Heartlings : free OPDs and philanthropic pediatric cardiac surgeries for underprivileged children in January 2024.

2. VISION & MISSION

"Create an integrated, world-class healthcare system that delivers specialized, compassionate, and affordable patient care through leading medical practices, advanced research and education, cutting-edge technology, and strong community partnerships—driven by the innovations of top scientific minds and sustained by unwavering commitment to quality, empathy, and service excellence."

3. ORGANISATIONAL STRUCTURE



LEARNINGS AND VALUE ADDITIONS

4. THEORETICAL UNDERSTANDING V/S PRACTICAL EXPOSURE

- Learnt day to day micro level operations and management of it practically.
- Theoretical work helped understands why one technique is useful while the other fails.
- Improved basic knowledge practically on managerial aspect of the hospital
- Practical task is best exposure of learnings with own experiences

5. LEARNINGS DURING INTERNSHIP

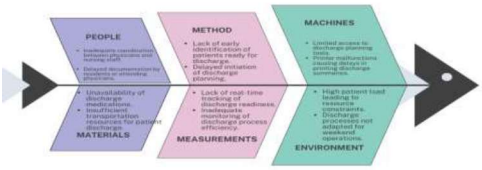
- Understood the discharge process flow from announcement to actual checkout.
- Identified bottlenecks and delays in the discharge workflow.
- Gained hands-on exposure to pharmacy coordination, billing delays, TPA issues, and inter-department communication.

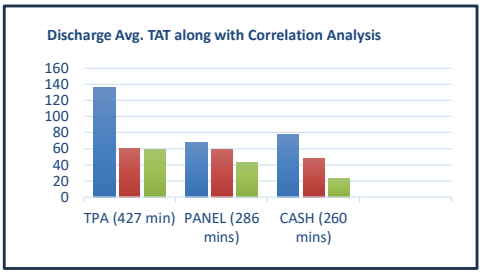
6. OBJECTIVES

- To analyze the Discharge patient process flow.
- To identify reasons for delays in each step of discharge.
- To provide recommendation to improve the Discharge process and reducing the delay in discharge leading to more patient satisfaction.

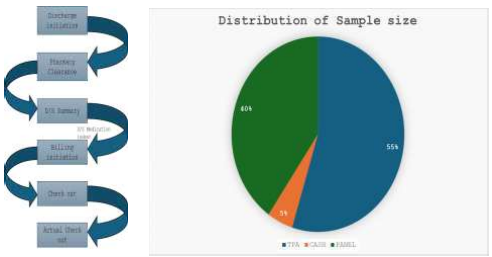
METHODOLOGY

Study Designs	Observational study
Sample Size	129 Patients
Study Tool	Fish bone analysis, DMAIC, bar chart and MS excel
Sample Technique	Non-Probability Convenience sampling





Artemis Hospital Discharge Turn Around Time (Based on sample size of 129 patients).



CONCLUSION

- Discharge delays often linked to delayed medication clearance, TPA approvals, and pending doctor orders.
- Inconsistent communication between pharmacy, billing, and nursing staff.
- Delay from billing desk to check out patient even after receiving clearance.

7. SWOT ANALYSIS

STRENGTHS	WEAKNESSES
Excellent medical professionals Greatest involvement of healthcare professional Big Brand Name Well defined clinical pathways and ser- vice protocols	The rising costs of healthcare de- livery makes it expensive for a normal middle-class family.
OPPORTUNITIES	**THREATS**
Minimizing services Turn Around Time Expansion to underserviced areas	The migration of skilled nursing personnel to developed countries Rising Competitors

CHALLENGES FACED DURING INTERNSHIP

- Less allowance of work at the beginning.
- Difficulty to cope up with the organization culture.
- Hesitated in asking questions.
- Difficult to manage things and adapt the work initially.

USEFULNESS OF INTERNSHIP

- Chance to work in professional environment.
- Understand work-culture, leadership, teamwork and time management.
- Building professional relationships and connecting with different staffs and faculties.
- Gaining valuable experiences in the organization

SUGGESTIONS

- Provide staff training to improve workflow efficiency.
- Conduct early doctor rounds to finalize planned discharges.
- Availability of GDAs with wheelchairs for patients at the time of physical moveout (if required).
- Upgrade the Hospital Information System (HIS) to:- Notify nurses immediately when discharge summaries are published by doctors.
- Implement queue management for No Dues clearance, using a manual labeling system to track and verify each step systematically.
- Set clear SLAs with TPAs/ECHS to respond within a fixed time window.
- Pharmacy roster need to be implemented on floor as well as GDA activity register.

SUBMITTED BY : SONI MANAV (2097)
MBA Hospital and Health Management

Week-1

Name of the Organisation: Artemis Hospital, Gurgaon

Department of Summer Internship Program: Operations

Name of the Student: Manav Soni

Roll no: 2097 Stream: Hospital and health management

Week no:1st From : .....12th May..... to .....17th May.....

Activity Done	Observed how HIS works in hospital and how to use in any domain or to get information of any patient. How much conversion done from OPD to laboratory reports, radio reports, IPD/surgeries and pharmacies. Made excel matrix by observing HIS of all department and doctors from 1st may to 15th may.
Linking theory (Classroom learning) with practice at your organisation	Lean Management, Health information management.
Gaps identified on the working area.	More patient are not converting into premise facilities by not performing reports and ipd.
Suggestions for improvement	Inform or advertise by saying that, If doctor has prescribed any report or any scan on particular date e.g. 14th may, and patient is going for scan on same day than their will be 10% off.
Plan for the next week	Will collect the data on HIS for the next week and see the difference or any chances in number.

Signature of the Student

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

Week-2

Name of the Organisation: Artemis Hospital, Gurgaon
Department of Summer Internship Program: Operations
Name of the Student: Manav Soni
Roll no: 2097 Stream: Hospital and health management
Week no:2nd From : .....19th May..... to .....24th May.....

Activity Done	Observed how HIS works in hospital and how to use in any domain or to get information of any patient. How much conversion done from OPD to laboratory reports, radio reports, IPD/surgeries and pharmacies. Made excel matrix by observing HIS of all department and doctors from 19th may to 24th may.
Linking theory (Classroom learning) with practice at your organisation	Lean Management, Health information management.
Gaps identified on the working area.	More patient are not converting into premise facilities by not performing reports such as lab, radio e.g. mri, ct scan, usg and x-ray and ipd.
Suggestions for improvement	Will implement booth for patient guidance so that they don't get lost in hospital and safely reach to the destination in hospital.
Plan for the next week	Will collect the data on HIS for the next week and see the difference or any chances in number.

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Week-3

Name of the Organisation: Artemis Hospital, Gurgaon
Department of Summer Internship Program: Operations
Name of the Student: Manav Soni
Roll no: 2097 Stream: Hospital and health management
Week no:3nd From : .....26th May..... to .....31th May.....

Activity Done	Observed the OT data, analysed the OT TAT of month April and what time should start ot and what actual time surgery started by doctor, which doctor came late in ot and cause of being late. The only first OT performed in one ots, there are more than 17 to 19 ots in hospitals.
Linking theory (Classroom learning) with practice at your organisation	Lean Management, Health information management.
Gaps identified on the working area.	Many doctors perform late due to personal reasons, or they are being stuck in any emergency case. Sometimes it gets delayed cause of incomplete reports or scanning should done by patient in premise.
Suggestions for improvement	Doctor should not waste their time on performing surgery and should start on time. If surgery got schedules patients should be ready according to it with all reports and should not be delayed.
Plan for the next week	Analysing the different timing of OT from the same data provided by hospital.

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Week-4

Name of the Organisation: Artemis Hospital, Gurgaon
Department of Summer Internship Program: Operations
Name of the Student: Manav Soni
Roll no: 2097 Stream: Hospital and health management
Week no:4nd From : .....2nd May..... to .....7th May.....

Activity Done	Work on conversions from 15th to 31st May and calculated the number of every department from OPD to IPD/LAB/RADIO. Also got insights on Flap-X app data which is about feedback from patients to any reasons or any complaint given by them by scan QR code present in every room in ipd and some number of in opd. Calculated TAT how much time it takes to resolve the complaint as well as when assigned person got acknowledged, what preventive action taken on it, etc.
Linking theory (Classroom learning) with practice at your organisation	Lean Management, Health information management.
Gaps identified on the working area.	Coordinators give false number so that they can give good number of conversions of patients. So for that we verify it from HIS system and mark accordingly. If any complaint was raised by any patient if not got resolved than the impression of hospital will lose as well as there are chances that patient will not choose this hospital again for any treatment. The advantage of Flap-X app is if a patient raises any complaint than the notification will be pop-up on the assigned person from hospital staff so they can resolve as soon as possible.
Suggestions for improvement	Coordinators should input accurate data or else should be informed to put to get exact number of conversions of patients. Patient satisfaction should be on got priority and patients should leave premises without any complaints and with good services.
Plan for the next week	Calculation of flap-x complaints tat on day-to-day bases as so conversions. Getting new work from Monday on discharge TAT.

Signature of the Student

Approved by the IIHMR University's Mentor

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Week-5

Name of the Organisation: Artemis Hospital, Gurgaon
Department of Summer Internship Program: Operations
Name of the Student: Manav Soni
Roll no: 2097 Stream: Hospital and health management
Week no:5nd From : .....9th May..... to .....14th May.....

Activity Done	Work on conversions from 15th to 31st May and calculated the number of every department from OPD to IPD/LAB/RADIO. Reported the final conversion matrix. Also working on discharge TAT of two tower of hospital. How to coordinate with T.L., Nursing staff, at billing desk and with pharmacist from any patient's discharge.
Linking theory (Classroom learning) with practice at your organisation	Lean Management, Health information management.
Gaps identified on the working area.	Coordinators give false number so that they can give good number of conversions of patients. So for that we verify it from HIS system and mark accordingly. There is so much gap when a patient gets announced for discharge and there is many more patients waiting to get allotment of the bed. So, discharge become smoother and faster the number of patients will get bed much earlier. By these hospitals will also notice hick in revenue.
Suggestions for improvement	Coordinators should input accurate data or else should be informed to put to get exact number of conversions of patients. Coordination should be done in better way in between of floor manager, t.l., nursing staff, billing desk, doctors and remaining staff present on particular floor.
Plan for the next week	Calculation of flap-x complaints tat on day-to-day bases as so conversions. Getting new work from Monday on discharge TAT.

Signature of the Student

Approved by the IIHMR University's Mentor

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Week-6

Name of the Organisation: Artemis Hospital, Gurgaon
Department of Summer Internship Program: Operations
Name of the Student: Manav Soni
Roll no: 2097 Stream: Hospital and health management
Week no:6th From : .....16th May..... to .....21th May.....

Activity Done	Work on conversions from 1st to 16th June and calculated the number of every department from OPD to IPD/LAB/RADIO. Also working on discharge TAT of 3rd floor of both tower of hospital. Which is the busiest floor of hospital. How to coordinate with T.L., Nursing staff, at billing desk and with pharmacist for any delay in patient's discharge.
Linking theory (Classroom learning) with practice at your organisation	Lean Management, Health information management.
Gaps identified on the working area.	Coordinators give false number so that they can give good number of conversions of patients. So, for that we verify it from HIS system and mark accordingly. When the doctor announces the discharge there are few more steps before patient get checkout. There has been time taken and where it took much time to get thing process. So, discharge become smoother and faster the number of patients will get bed much earlier. By these hospitals will also notice hick in revenue.
Suggestions for improvement	Coordinators should input accurate data or else should be informed to put to get exact number of conversions of patients. So, by that we get to know exact data of each department and we can work accordingly. There should be escort team implications to help patient to reach their destination for reports. Coordination should be done in better way in between of floor manager, t.l., nursing staff, billing desk, doctors and remaining staff present on particular floor.
Plan for the next week	Getting new work from Monday on discharge TAT. Discharge tat of another new floor 4th and 5th.

Signature of the Student

Approved by the IIHMR University's Mentor

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Week-7

Name of the Organisation: Artemis Hospital, Gurgaon
Department of Summer Internship Program: Operations
Name of the Student: Manav Soni
Roll no: 2097 Stream: Hospital and health management
Week no:7th From : .....23rd May..... to .....28th May.....

Activity Done	Also working on discharge TAT on micro level of 4th floor of both tower of hospital. Tracking discharge process from announcement to actual checkout of patient How to coordinate with T.L., Nursing staff, at billing desk and with pharmacist for any delay in patient's discharge.
Linking theory (Classroom learning) with practice at your organisation	Lean Management, Health information management.
Gaps identified on the working area.	Nurses were assigned 1 on 4 beds so they don't get time to check out when doctor has assigned discharge summary of any patient. So, it takes time while indent the discharge medication. When the doctor announces the discharge there are few more steps before patient get checkout. There has been time taken and where it took much time to get thing process.
Suggestions for improvement	There should be good communication between doctors, floor managers and T.L. Better HIS system to be launched so that process get smooth.
Plan for the next week	Tracking of patients from both the tower of 4th floor on micro level.

Signature of the Student

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Week-8

Name of the Organisation: Artemis Hospital, Gurgaon
Department of Summer Internship Program: Operations
Name of the Student: Manav Soni
Roll no: 2097 Stream: Hospital and health management
Week no:8th From : .....30th June..... to .....05th July.....

Activity Done	Tracked and collected data of patients for discharge TAT on micro level from each step to final check out including approvals of TPA as well as for any panel patient. It includes both tower of 4th floor, by coordinating with T.L., Nursing staff, billing desk and with pharmacist for any delay in patient's discharge.
Linking theory (Classroom learning) with practice at your organisation	Lean Management, Health information management.
Gaps identified on the working area.	Delay in dispensing discharge medication by IP pharmacy. Time taken in billing area is way more than it takes because of the TPA approval takes time. On the 4th floor most of the patients comes under TPA.
Suggestions for improvement	Maintain a priority queue at the pharmacy for discharge patient. Introduce a pharmacy TAT monitoring. We can tell to hospital's TPA staff priorly to start the approval process of discharge patient.
Plan for the next week	Making presentation on what work done in past few months to present in front GM of hospitals.

Signature of the Student

Approved by the IIHMR University's Mentor

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Week-9

Name of the Organisation: Artemis Hospital, Gurgaon
Department of Summer Internship Program: Operations
Name of the Student: Manav Soni
Roll no: 2097 Stream: Hospital and health management
Week no:9th From : .....07th July..... to .....12th July.....

Activity Done	Made presentation on Discharge TAT analysis and presented firstly to our mentors and then to GM of Artemis hospital by discussing the major gap and delay by observing and analysing them in real-time.
Linking theory (Classroom learning) with practice at your organisation	DMAIC Analysis and Correlation Analysis.
Gaps identified on the working area.	There are several gaps identified while working on 4th Floor, e.g., Delay in dispensing discharge medication by IP pharmacy. After approval from TPA or any panel clearance, billing desk takes on average 45 mins to check out from system. Lack of manpower e.g., GDA, Nursing staff, etc.
Suggestions for improvement	Updated HIS, so that any of coordinator for discharge get alert for any update. Maintain a priority queue at the pharmacy for discharge patient. Introduce a pharmacy TAT monitoring. Doctors should take round firstly of planned discharges.
Plan for the next week	Here I have concluded my internship as completion of my project. As well as I am going to receive my Certification of completion of summer internship by Monday.

Signature of the Student

Approved by the IIHMR University's Mentor

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Complied Report

Name of the Organisation: Artemis Hospitals, Gurugram.

Area/ Department/ Project of Summer Internship Program: Operations Department

Name of the Student: Soni Manav Anujkumar

Roll no: 2097 Stream: HM B

Activity Done	• **Project 1 – Patient Waiting Time in AKD Dialysis Unit:** Observed and documented 107 patients' and more than 1400 sessions' worth of delayed dialysis start times. determined the underlying causes, which included scheduling issues, technician shortages, early and late arrivals, and more. Suggested process enhancements include system-based scheduling, buffer time between sessions, and improved patient communication. • **Project 2 – Pharmacy-Related Delays in Discharge:** Examined the interval between 22 inpatients' return requests and the pharmacy's acknowledgement. Gaps were found, including delayed processing at night, uneven response times, and a lack of shift accountability. Proposed enhancements include digital tracking, establishing a standard response time, and initiating requests early. • **Data Collection & Coordination:** Daily data entries were kept up to date, nursing and technician records were examined, observations were manually verified, and consistency between sources was guaranteed. arranged for updates and clarifications in coordination with the clinical staff and quality team. • **Final Presentation & Reporting:** Prepared and presented project findings to the hospital COO and leadership. On the final day of the internship, all project data, analysis, and files were turned in to the Quality Team.
Linking theory (Classroom learning) with practice at your organisation	• **Quality Tools & Hospital Workflow**: Used ideas from quality management courses, such as time-motion analysis, root cause analysis, and service delivery gaps. • **Presentation & Communication**: The confidence required to successfully present project to hospital leadership was strengthened by classroom presentations.

	• **Healthcare Operations & Discharge Planning:** Understood how dialysis units handle real-time workflow and how patient discharge is impacted by backend delays. • **Project Coordination:** During the stages of documentation, analysis, and submission, project planning and data organization were used. • **Excel & Data Handling:** Compiled, sorted, and produced charts using Excel tools to aid in analysis.
Gaps identified on the working area.	• **Patient Timing Issues**: An imbalance in schedule and overcrowding in the dialysis unit resulted from many patients arriving too early or too late. • **Technician Allocation**: Understaffed shifts and delays resulted from frequent cross-departmental assignments. • **Pharmacy Delays:** Inconsistent timing of pharmacy return acknowledgment, particularly during unscheduled discharges or night shifts. • **Documentation:** Data verification was slowed down and time tracking was challenging with handwritten registers. • **Discharge Communication:** In certain instances, there was insufficient coordination between nurses and pharmacy personnel to process returns in a timely manner.
Suggestions for improvement	• **Patient Education** Provide SMS reminders for appointment times and advise patients on the best time to arrive. • **Digital Tools**: For dialysis and return requests, make use of digital check-in tools and system-based scheduling. • **Shift Planning:** During dialysis hours, minimize inter-unit assignments and make sure there is adequate technician coverage. • **Process Standardization:** Implement checklist-based discharge tracking and set fixed turnaround times for pharmacy acknowledgment. • **Better Coordination:** For real-time status updates between nurses, ward clerks, and pharmacy employees, use group messaging apps like WhatsApp.